



Secured Party Termination

Name of Borrower/Debtor

Address

Street	City	State	Zip
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Name of Lender/Secured Party

Address

Street	City	State	Zip
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License No.

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 Business Name (DBA) _____

Loan No. _____ Location Address _____

The undersigned no longer claims security interest in the above license and hereby requests that the name listed above as secured party be removed from the face of the license.

Dated this _____ day of _____, 20_____

Signature of Lender/Secured Party

Signature	Title	Date
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Printed Name

Signature	Title	Date
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Printed Name

Return to:

Montana Department of Revenue
Liquor Licensing
PO Box 1712
Helena, MT 59624-1712



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Instructions

- Complete all portions of the form, including signatures of all parties.
- No fee is required for this transaction.
- If signing on behalf of a corporation, bank, etc., please indicate the office held.
- See ARM 42.12.205, for reference.